SAMPLE DRAFT POLICY

HOUSING AUTHORITY OF REASONABLE ACCOMMODATIONS POLICY AND PROCEDURES

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HOUSING AUTHORITY OF REASONABLE ACCOMMODATIONS POLICY AND PROCEDURES IN PUBLIC HOUSING

INTRODUCTION

| B, sets forth in connection residents with activities. A the Of Managemen Reasonable A | able Accommodation Policy and Procedures, comprised of Part A and Part the policy and procedures of the Housing Authority of () n with making reasonable accommodations for qualified applicants or the disabilities for participation in public housing programs and a copy of this Reasonable Accommodation Policy and Procedures is posted in fices of Housing Applications and Section 8, and the toffice at each public housing development. Additionally, a copy of the Accommodation Policy and Implementation Procedures may be obtained to from the Fair Housing and Equal Opportunity Office, |
|--|---|
| PART A. P | OLICY. |
| SECTION 1 | 1. Definitions. |
| 1.1. | The term "ADA" shall mean the Americans with Disabilities Act. |
| 1.2. | The term "FHA" shall mean the Fair Housing Act of 1968. |
| 1.3. | The term shall mean the Housing Authority of |
| | The phrase "individual with disabilities" shall have the same meaning as the term "individual with handicaps" under 24 CFR 8.3, as follows: |
| | 24 CFR 8.3 Definitions. |
| | "Individual with handicaps" means any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. |
| | The term "Policy" shall mean Part A of the Reasonable Accommodation Policy and procedure, as adopted by the board of Housing Authority as may be amended. |
| | The term "Procedures" shall mean Part B of the Reasonable Accommodation Policy and Procedure, as may be revised from time to time. |

| 1.7 TI | he term "reasonable accommodation' means a modification or change in |
|---|---|
| Ri pa | ules, policies, practices, or services, that will provide the opportunity to articipate in programs and services and to meet essential |
| 16 | quirements of tenancy to an otherwise eligible individual with a disability. |
| | Policy Statement. |
| with disabilitie | nitted to ensuring that its policies and practices do not deny individuals es the opportunity to participate in, or benefit from, not otherwise gainst individuals with disabilities in connection with, the operation of |
| housing servic individual with modification to so would resul financial or ad | es or programs, solely on the basis of such disabilities. Therefore, if an a disability requires an accommodation, such as an accessible feature or |
| | |
| SECTION 3. This Policy is | |
| • | communicate position regarding reasonable accommodations for persons with disabilities in connection with the agency's housing programs services, and policies; |
| | establish a procedural guide for implementing such Policy; and |
| • | comply with applicable federal, state and local laws to ensure accessibility for persons with disabilities to housing programs, benefits and services administered by |
| SECTION 4. | Authority. ents of this Policy are based upon the following statutes or regulations: |
| - | |
| • | Section 504 of the Rehabilitation Act of 1973, as amended ("Section 504") prohibits discrimination on the basis of disability status and states that: |
| | "No qualified individual with handicaps shall, solely on the basis of handicap be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance from the Department". |
| • | The Fair Housing Act ("FHA") prohibits discrimination in the sale, rental and financing of dwellings. The FHA requires reasonable |

accommodations in rules, policies, practices, services and reasonable modifications to dwelling units and public common areas;

- Title II of the Americans With Disabilities Act ("ADA"), prohibits discrimination on the basis of disability status by public entities. Except as provided in 35.102 (b), of 28 CFR Part 35, the ADA applies to all services, programs and activities provided or made available by public entities (State and local governments); and
- Part 8, of Code of Federal Regulations, Title 24, Housing and Urban Development, entitled Non-Discrimination Based On Handicap In Federally Assisted Programs and Activities of the Department of Housing and Urban Development applies to recipients of federal funds and implements the requirements of the Rehabilitation Act.

SECTION 5. Monitoring And Enforcement.

| for monitor Questions r contacting t Avenue Pit Office may | fair Housing and Equal Opportunity Office ("FH&EO Office") is responsible ing—— compliance with, and enforcing the requirements under this Policy. regarding this Policy, its interpretation or implementation should be made by the—— FH&EO Office in writing, or in person by appointment, at 329 Sixth tsburgh, PA 15222, or by calling the Office at 412-644-6945. The FH&EO require the submission of data from —— public housing developments and is in order to evaluate and document—— compliance with this Policy. |
|--|---|
| SECTION | 6. General Principles For Providing Reasonable Accommodations. |
| Listed belo which | w are the general principles which provide a foundation for the Policy and staff should apply when responding to requests for reasonable ations within all housing programs: |
| 6.1 | It is presumed that the individual with a disability is usually knowledgeable of the appropriate types of, and methods of providing, reasonable accommodations needed when making a request. However, reserves the right to investigate and offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation. |
| 6.2 | The procedure for evaluation and responding to requests for a reasonable accommodation relies on a cooperative relationship between and the applicant/resident. The process is not adversarial. |
| 6.3 | shall inform all applicants and residents of alternative forms of communication. The Request Form is designed to assist and our applicants/residents. If an applicant/resident does not, or cannot use the Request Form, will still respond to the request for an accommodation. The applicant/resident may also request assistance with the Request Form or |

HOUSING AUTHORITY OF REASONABLE ACCOMMODATIONS POLICY AND PROCEDURES

such applicant/resident may request that the Request Form be provided in an equally effective format or means of communication.

Example(s): Some examples of alternative equally effective forms of communication include the following: Qualified interpreters, printed material, telecommunication devices for deaf persons (TDD's), ——Relay System, or other aurally delivered materials available to persons with hearing impairments. Qualified readers, taped texts audio recordings, Brailed materials, large print materials, or other effective methods of making visually delivered materials available to individuals with visual impairments.

- 6.4 If the accommodation is reasonable (see Procedures 3 below), ___will grant it.
- 6.5 In accordance with Procedure 3 (Below), ____ will grant the request for a reasonable accommodation only to the extent that an undue financial and administrative burden is not created thereby.
- 6.6 All written documents required by or as a result of this Policy must contain plain language and be in appropriate alternative formats in order to communicate information and decisions to the person requesting the accommodation.
- 6.7 Any required meetings with a person with a disability will be held in an accessible location.

SECTION 7. Amendment.

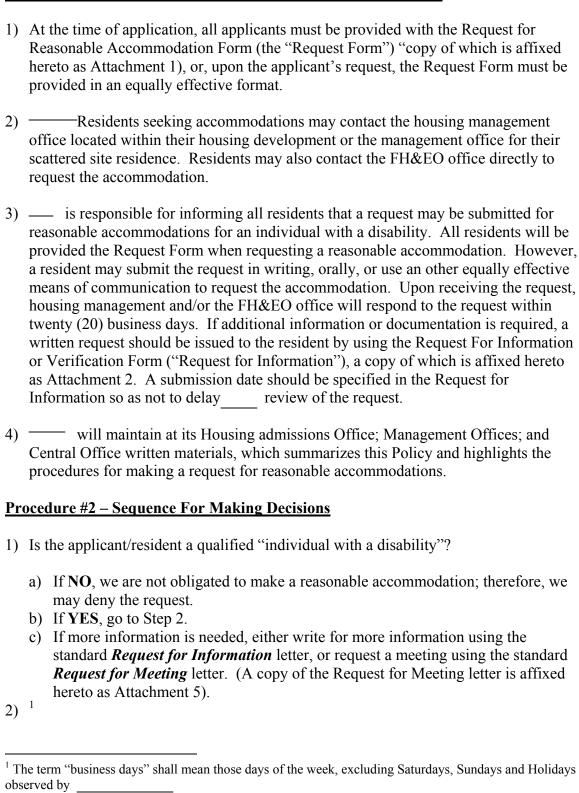
- 7.1 Policy. The policy may be amended only by resolution of the Board of Housing Authority.
- 7.2 Procedures. The Procedures may be amended within the scope of the Policy by the Executive Director of ______
- 6.1 Legal Compliance. Any amendment to the Policy or Procedures shall be consistent with all applicable laws and regulations.

SECTION 8. Staff Training.

The Special Assistant to the Commissioner for the FH&EO Office will ensure that training sessions are held at least annually concerning the Policy and the Procedures and all applicable Federal, state and local requirements regarding reasonable accommodations.

PART B. Procedures.

Procedure #1 - Communication With Applicants and Residents.



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Is the requested accommodation related to the disability?

- a) If NO, we are not obligated to make the accommodation; therefore, we may deny the request.
- b) If YES, go to step e.
- c) If more information is needed, either write for more information using the Request for Information letter, or request a meeting using the Request for Meeting letter.
- 3) Is the requested accommodation reasonable? This determination will be made by following Procedure #3 Guidelines for Determining Reasonableness.
 - a) If **YES**, we will approve the request for reasonable accommodation. A written description of the accommodation will be prepared and included in the Letter Approving *Request for Reasonable Accommodations*.
 - b) If **NO**, we may deny the request. Submit the denial using the Letter Denying *Request for Reasonable Accommodations*.
 - c) If more information is needed, either write for more information using the Letter Approving *Request for Reasonable Accommodations*, or request a meeting using the *Request for Meeting* Letter.

Procedure #3 – Guidelines For Determining Reasonableness

| 1. | In accordance with Policy Principle 6.1, —— will consider the requested method for providing reasonable accommodations for an individual with a disability. However, —— is required to evaluate the requested method and may require the individual with a disability to provide further information to demonstrate the need for the requested accommodation to enable access to and use of the housing program. Additionally, —— may offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation. |
|----|--|
| 2. | Requests for reasonable accommodations will be considered on a case-by-case basis. Decisions regarding reasonable accommodations will be made in compliance with all applicable accessibility laws and requirements. Additionally, in those circumstances where deems that a proposed reasonable accommodation would fundamentally alter the service, program, or activity, or would result in undue financial and administrative burdens, has the burden of proving such result(s). |
| 3. | The responsibility for the decision that a proposed reasonable accommodation would result in such alteration or burdens shall rest with the Executive Director of his/her designee after considering all resources available for use in the funding and operation of the service, program, or activity, and must be accompanied by written statement of the reasons for reaching that conclusion. If an action would result in such an alteration or such burden, shall propose any other action that will not result in or require an alternation or burden. |

HOUSING AUTHORITY OF REASONABLE ACCOMMODATIONS POLICY AND PROCEDURES

- 4. Live-in-Aides. In some cases, an individual with a disability may require a live in aide. In accordance with the provisions of the —— 's dwelling lease, —— may permit a live-in to reside in the dwelling unit to assist an individual with a disability. A live-in-aide means a person (a) determined by ——— to be essential to the care and well being of a family member with disability; (b) is not obligated to support the family member; and (c) would not be living in the unit except to provide the supportive services. A live-in-aide would not be required to share a bedroom with another member of the household [see 24 CFR 966.4(d)(3)]. Prior to granting permission, the live-in-aide must submit to a criminal background check in accordance with ———— policies and procedures. Additionally, verification of the need for a live-in-aide is required. _____ will also take the following factors into consideration when approving a live-in-aide:
 - a) whether the addition of a new occupant would create a situation of overcrowding in the dwelling unit or require an additional bedroom, thereby requiring a transfer to another dwelling unit (live-in aides are entitled to a separate bedroom);
 - b) the availability of an appropriate size dwelling unit with any necessary amenities, (lack of such a unit does not relieve the Authority of its obligations to provide the unit or grant the live-in-aide, it only means the Authority must address this need under (c) below);
 - c) ____ 's obligation to make reasonable accommodation for persons with disabilities.
- 5. Verification. The PHA may verify a person's disability only to the extent necessary to ensure that applicants are qualified for the housing for which they are applying; that applicants are qualified for deductions used in determining adjusted income; that applicants are entitled to any preference they may claim; and that applicants who have requested a reasonable accommodation have a need for the requested accommodation. A PHA may not require applicants to provide access to confidential medical records in order to verify a disability not may a PHA require specific details as the nature of the disability. A PHA may require documentation of the manifestation of the disability that causes a need for a specific accommodation or accessible unit. A PHA may not ask what the specific disability is.

ATTACHMENTS TO PROCEDURES

| Attachment 1 | l – Regu | est For A Rea | asonable Ac | commodation |
|--------------|----------|---------------|-------------|-------------|
|--------------|----------|---------------|-------------|-------------|

Attachment 2 – Request For Information Or Verification

<u>Attachment 3 – Letter Denying Request For Reasonable Accommodations</u>

<u>Attachment 4 – Letter Approving Request For Reasonable Accommodations</u>

Attachment 5 – Request For Meeting

REQUEST FOR A REASONABLE ACCOMMODATION

[Our return address – Example: Housing Application Office, Housing Management, Office, Fair Housing Office]

If you need:

- a change in our policies or procedures
- a repair or change in your apartment
- a repair or change to some other part of the property
- a change in the way we communicate with you

because of a disability, you may ask for this change, which is called a "reasonable accommodation.

If your request is reasonable, if it is not prohibitively expensive, and if it is does not result in a change in the scope and focus of what the Authority does, we will try to make the changes you need.

We will make every effort to render a decision within thirty (30) business days. We will let you know if we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision, and you may give us additional information.

Please advise us if you need help in using the form, or if you wish to receive this Request From in an alternative format to meet your communication needs.

REQUEST FOR A REASONALBE ACCOMMODATION

| The following member of my household has a disability: | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| Please provide this reasonable accommodation (specify accommodation(s)): | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| I need this reasonable accommodation because: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Date: | | | |
| Name: | | | |
| Address: | | | |
| Telephone: | | | |

REQUEST FOR INFORMATION OR VERIFICATION

| [Our return address – Example: Housing Application Office, Housing Management Office, Fair Housing Office] | | | |
|--|--|--|--|
| Date: | | | |
| To: | | | |
| | | | |

Dear Applicant or Resident:

We have received your Request for a Reasonable Accommodation. We need to know more about [issue, simply and clearly stated] before we can decide how to address your request.

We need to know more because [reason, simple and clearly stated].

You can give us more information by [acceptable methods of verification]. If this is a problem for you, other ways of providing the information may also be acceptable.

We will not make a decision until we have this new information.

If you think that you have given us this information, or if you think that we should not ask for this information, please call us at [our telephone number]. Please call if you have any other questions.

[signature and closing]

[Our return address – Example: Housing Application Office, Housing Management Office, Fair Housing Office]

| Date: | |
|-------|--|
| To: | |
| | |
| | |
| | |

Dear Applicant or Resident:

You requested the following change or accommodation [describe request]. We have attached a copy of your request from. We have denied your request because:

- You do not meet the definition of an individual with handicaps and we are not required to provide a reasonable accommodation.
- You do not need this accommodation in order to enjoy or participate equally in our housing.
- It will create undue financial and administrative burdens for us.
- It will change the fundamental nature of our program.

We have decided this because [give reasons, in clear and simple language].

We relied on these facts to deny you request [give facts, in clear and simple language].

To make this decision we [tell what documents or records we reviewed, tell which people we spoke with, describe other aspects of our investigation process].

If you disagree with our decision, you may contact the Fair Housing and Equal Opportunity (FH&EO) Office at 412-644-6965. The FH&EO Office is located at 339 Sixth Avenue Pittsburgh, PA 15222. You may also contact the following agencies:

[signature and closing]

APPROVAL OF REQUEST FOR A REASONABLE ACCOMMODATION

| [Our return address – Example: Housing Application Office, Housing Management Office, Fair Housing Office] |
|---|
| Date: |
| To: |
| |
| Dear Applicant or Resident: |
| We have approved your request for the following change or seasonable accommodation [description]: |
| We can provide you with this accommodation by [date]. |
| To make the change you requested, we must have three bids and then arrange installation. This is why we are not able to provide you with the accommodation immediately. |
| [other reason for delay]. |
| Please call us at [our telephone number] if you have any questions. |
| If you think this change or reasonable accommodation is not what you requested, if it is not acceptable, or if you object to the amount of time it will take to provide it, you may contact the Fair Housing and Equal Opportunity (FH&EO) office at 412-644-6965. The FH&EO Office is located at 339 Sixth Avenue Pittsburgh, PA 15222. You may also contact the following agencies: |
| |
| |
| |
| |

[signature and closing]

REQUEST FOR A MEETING

[Our return address – Example: Housing Application Office, Housing Management Office, Fair Housing Office]

| Date: | | |
|-------------------------------------|--|-------------------|
| To: | | |
| | | |
| | | |
| | | |
| Dear Applicant or | or Resident: | |
| | ed your request for a reasonable accommodation. It would be could meet with you. You may bring someone to assist | - |
| We would like to us at [our telepho | o meet on [date, time, place]. If you cannot come at that one number]. | time, please call |
| We will talk abou | out [describe issue, simply and clearly] at this meeting. | |
| | dy to talk to us about the changes you want. Please bring you would like to give us. | g copies of any |
| We look forward | d to meeting with you. | |
| {signature and clo | losing} | |